

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE	
						10-009,104		
						APPLICANT(S)		
CLAIMS								
	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/					51		
2	/					52		
3	/					53		
4	/					54		
5	/					55		
6	/					56		
7	/					57		
8	/					58		
9	/					59		
10	/					60		
11						61		
12						62		
13						63		
14						64		
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39						89		
40						90		
41						91		
42						92		
43						93		
44						94		
45						95		
46						96		
47						97		
48						98		
49						99		
50						100		
TOTAL IND.	/					TOTAL IND.		
TOTAL DEP.	9	↓	↓	↓	↓	TOTAL DEP.	↓	
TOTAL CLAIMS	10					TOTAL CLAIMS		